

REDACTED- FOR PUBLIC INSPECTION

June 23, 2014

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

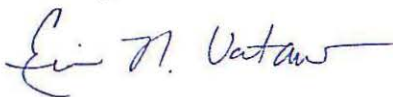
Dear Ms. Dortch:

Logan Telephone Coop. Inc., a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,



Eric N. Votaw, Senior Manager for
Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Brian Stanley, Logan Telephone Coop. Inc.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
|-------|--|-------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Brian Stanley |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | bstanley@loganphone.com |

| ANNUAL REPORTING FOR ALL CARRIERS | | 54.313 Completion Required | 54.422 Completion Required |
|-----------------------------------|--|-------------------------------------|-------------------------------------|
| <100> | Service Quality Improvement Reporting (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> | Outage Reporting (voice) (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | <input checked="" type="checkbox"/> <-- check box if no outages to report | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> | Detail on Attempts (voice) (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <320> | Unfulfilled Service Requests (broadband) 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> | Detail on Attempts (broadband) (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <400> | Number of Complaints per 1,000 customers (voice) | | |
| <410> | Fixed 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> | Mobile 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | |
| <440> | Fixed 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> | Mobile 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> | 260413ky510.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> | 260413ky610.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> | Company Price Offerings (voice) (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> | Company Price Offerings (broadband) (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> | Operating Companies and Affiliates (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> | Voice Services Rate Comparability (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> | 260413ky1010.pdf (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|---|-----------------------------------|-------------------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet | | | |
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanleysloganphone.com |

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

<111> If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

260413ky100.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

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| (200) Service Outage Reporting (Voice) Data Collection Form | FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

[illegible]

| | | |
|-------|---|--------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganhphone.com |

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

[illegible]

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

[illegible]

| | |
|---|--|
| (800) Operating Companies Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-----------------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |
| <810> | Reporting Carrier | Logan Telephone Cooperative, Inc. |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0985 / OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424123 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

<910> Tribal Land(s) on which ETC Serves

| |
|--|
| |
|--|

<920> Tribal Government Engagement Obligation

| |
|--|
| |
|--|

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

| | | |
|-------|--|--|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | |
| <922> | Feasibility and sustainability planning; | |
| <923> | Marketing services in a culturally sensitive manner; | |
| <924> | Compliance with Rights of way processes | |
| <925> | Compliance with Land Use permitting requirements | |
| <926> | Compliance with Facilities Siting rules | |
| <927> | Compliance with Environmental Review processes | |
| <928> | Compliance with Cultural Preservation review processes | |
| <929> | Compliance with Tribal Business and Licensing requirements. | |

| |
|----------------------------|
| Select (Yes, No, NA) |
| |
| |
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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loanphone.com |

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

260413ky1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP., INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@logansphone.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|-------------------------|
| <010> Study Area Code | 260413 |
| <015> Study Area Name | LODAN TEL. COOP. INC. |
| <020> Program Year | 2016 |
| <030> Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bstanley@lodanphone.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(s)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held RDR Carrier (47 CFR § 54.313(f)(2)) (Yes/No) ☒ Yes ☒ No

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? (Yes/No) ☒ Yes ☒ No

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers. ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

260413ky1026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | |
|---|-------------------------|
| <010> Study Area Code | 260413 |
| <015> Study Area Name | LOGAN TEL. COOP. INC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: LOGAN TEL. COOP. INC | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/24/2014 |
| Printed name of Authorized Officer: Gregory Hale | |
| Title or position of Authorized Officer: Executive Vice President | |
| Telephone number of Authorized Officer: 2705424121 ext. | |
| Study Area Code of Reporting Carrier: 260413 | Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|-------------------------|
| <010> Study Area Code | 260413 |
| <015> Study Area Name | LOGAN TEL. COOP. INC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: ext. _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: ext. _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-------------------------|
| <010> | Study Area Code | 260433 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC. |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

[illegible]

| | |
|---|---|
| (710) Broadband Price Offerings Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|---|

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 260413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loanphone.com |

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|-----------------------------------|
| <010> | Study Area Code | 268413 |
| <015> | Study Area Name | LOGAN TEL. COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@loganphone.com |
| <810> | Reporting Carrier | Logan Telephone Cooperative, Inc. |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

Attachments

LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

**Logan Telephone Cooperative, Inc.
Description of Service Quality Standards and Consumer Protection Rules
Compliance**

Pursuant to 47 C.F.R. § 54.313(a)(5) and/or 47 C.F.R. § 54.422(b)(3), Logan Telephone Cooperative, Inc. ("Company") is in compliance with appropriate FCC and Kentucky Service Quality Standards and Consumer Protection Rules. The Company provides CPNI training to all of its new employees and reviews employee compliance with CPNI rules on an ongoing basis. Logan Telephone Cooperative, Inc. also does annual bill inserts and includes information on company service applications to make its consumers aware of the Company's obligations to protect privacy. In addition, the Company provides training on Red Flag issues and reviews any compliance issues with the company's board of directors on an annual basis to further enhance consumer protection. All Company employees are required to sign and acknowledge that they have completed CPNI training and those involved with extending credit to customers are required to sign and acknowledge that they have completed Red Flag training. Employees certify that they understand obligations to adherence of applicable CPNI and Red Flag rules.

**Logan Telephone Cooperative, Inc.
Description of Ability to Function in Emergency Situations**

Pursuant to 47 C.F.R. § 54.313(a)(6) and/or 47 C.F.R § 54.422(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2), Logan Telephone Cooperative, Inc. ("Company") meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to the Company's central and remote offices by use of fixed generator and batteries that provide for a minimum of 8 hours of emergency power service. In addition, the Company's field electronics (Remotes and DSLAMs) have approximately 144 hours of back-up power by use of fixed generators and batteries. Logan Telephone Cooperative, Inc. also has SONET ring technology in its network that allows for traffic to be rerouted automatically should a fiber cut occur in its core network. The Company also has two diverse paths leaving its service territory to its two main interconnection partners to provide for the capability to reroute traffic in case of any outage. The Company is capable of managing traffic spikes resulting from emergency situations by the use of our network management systems and by provisioning excess capacity throughout the network.

Logan Telephone Cooperative, Inc. has a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedures including a formal disaster plan.

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------------|
| <010> | Study Area Code | 269413 |
| <015> | Study Area Name | LOGAN TEL COOP. INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley@logansphone.com |

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|-----------------------------------|
| <010> | Study Area Code | 260411 |
| <015> | Study Area Name | LOGAN TEL. COOP, INC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brian Stanley |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 2705424121 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bstanley21@loganphone.com |
| <810> | Reporting Carrier | Logan Telephone Cooperative, Inc. |
| <811> | Holding Company | |
| <812> | Operating Company | |

[illegible]

**Logan Telephone Cooperative, Inc.
Voice Services Comparability Report**

Pursuant to 47 C.F.R. § 54.313 (a) (10) Logan Telephone Cooperative, Inc. ("Logan Telephone") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. Logan Telephone's current total local end-user rates¹ of \$15.00 (which includes a local fee of \$15.00, mandated state fees of \$0.00 and mandatory extended area service charges of \$0.00) and \$16.50 (which includes a local fee of \$16.50, mandated state fees of \$0.00 and mandatory extended area service charges of \$0.00) are not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

GENERAL SUBSCRIBER SERVICES TARIFF

Logan Telephone Cooperative,
IncorporatedPSC
Section D
Fourth Revised
Sheet No. 10

D.9 LIFELINE

D.9.1 GENERAL

1. The Lifeline program is designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers.
2. Lifeline is supported by both the federal and state universal service support mechanism.
3. The state universal service support mechanism will be funded by a Kentucky Public Service Commission approved charge on all customers' bills. (C)
4. Total support is passed through to the subscriber. The total amount of the eligible credit will not exceed the sum of the state and federal subscriber support or the charge for local service, which includes the access line, the Subscriber Line Charge and local usage. (C)

D.9.2 REGULATIONS

1. (D)
2. One low-income credit is available per Household (T) and is applicable to the primary residential connection only.
3. A Lifeline customer may subscribe to any local service offering available to other residence customers.
4. Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
5. The deposit requirement is not applicable to a Lifeline customer who subscribes to full toll blocking. If a Lifeline customer removes full toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
6. The federal primary inter-exchange carrier charge (PICC) will not be billed to Lifeline customers who subscribe to full toll blocking and do not pre-subscribe to a long distance carrier(s).
7. A Lifeline subscriber's local service will not be disconnected for non-payment of regulated toll charges. Local service may be denied for non-payment of local and miscellaneous service in accordance with Section 2 of this Tariff. Access to toll service may be denied for non-payment of regulated tolls. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
8. Lifeline is not available for resale.

Issue Date: March 16, 2012

Effective Date: April 1, 2012

Issued by: Greg A. Hale
Greg Hale, General Manager

GENERAL SUBSCRIBER SERVICES TARIFF

Logan Telephone Cooperative,
IncorporatedPSC
Section D
Third Revised
Sheet No. 11

D.9.3 ELIGIBILITY AND CERTIFICATION

(T)

1. To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low-income assistance programs or have income at or below 135 percent of the Federal Poverty Guidelines [Note 1]. (C)
 - a. Supplemental Security Income (SSI)
 - b. Supplemental Nutrition Assistance Program (T)
 - c. Medicaid
 - d. Federal public housing / Section 8
 - e. Low Income Home Energy Assistance Program (LIHEAP)
 - f. Temporary Assistance to Needy Families program (TANF)
 - g. National School Lunch's free program (NSL)
2. All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.
3. Proof of eligibility in any of the qualifying low-income programs should be provided to the company at the time of application for service. The Lifeline credit will not be established until the Company has received proof of eligibility. If the customer requests installation prior to the company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis.
4. Proof of eligibility shall be in the form of an affidavit, certifying under penalty of perjury, that the subscriber is receiving benefits under one of the qualifying programs. It is the customer's responsibility to notify the company when the customer is no longer participating in any of the qualifying programs.
5. The company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal law. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan. (C)
6. When a customer is determined to be ineligible as a result of an audit, the company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued. (C)

[Note 1] This provision is effective June 1, 2012. (N)

Issue Date: March 16, 2012

Effective Date: April 1, 2012

Issued by: Greg Hale
Greg Hale, General Manager

GENERAL SUBSCRIBER SERVICES TARIFF

Logan Telephone Cooperative,
Incorporated

PSC
Section D
Seventh Revised
Sheet No. 12

D.9.4 RATES AND CHARGES

1. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local service.
2. Service charges in the Tariff may be applicable for installing or changing Lifeline service.
- 3.
4. Service charges do not apply for converting existing service to Lifeline.
5. The Lifeline credit passed through to the customer consists of:
Credit, one per Lifeline per Household, limited to the total amount of charges.
The State and Federal Credit, one per Lifeline.

| | <u>Federal</u> | <u>State</u> | |
|-----------------|----------------|--------------|-----|
| Lifeline Credit | \$9.25 | \$3.50 | (C) |
6. The Lifeline implementation charge to on all customers' shall be as follows:

| | |
|---------------------------|--------------------|
| Kentucky Lifeline Support | \$0.08/access line |
|---------------------------|--------------------|

Issue Date: May 21, 2012

Issued by: Greg A. Hale
Greg Hale, General Manager

Effective Date: July 6, 2012



GENERAL SUBSCRIBER SERVICES TARIFF

Logan Telephone Cooperative
IncorporatedPSC
Section C
Fourth Revised
Sheet 2

C.1 Local Exchange Service Rates

C.1.1 Definitions

A. Network Access Charge

The recurring monthly charge for residential or business service that accounts for network services through the protector. This covers the Company's cost for bringing the entire national network to the local premise.

(T)

C.1.2 Rates

(T)

A. Monthly exchange rates for:

(T)

Adairville
Auburn
Dunmore
Lewisburg
Logansport
Rochester

ONE-PARTY BASIC LOCAL SERVICE
RATE COMPONENTS

Network Access Charge

RESIDENCE

BUSINESS

\$15.00

\$22.80

(O)

(Existing rotary customers who do not subscribe to touchtone service will be "grandfathered" and rotary service will continue to be optional while they remain at their current address.)

Network access charge (includes touchtone service charges and is mandatory for all new customers. Touchtone service as a separate charge will be discontinued per Section M.7.2 Sheet 6.)

16.50

24.80

(N)

B. The rates specified herein, entitle subscribers to an unlimited number of messages to all parties as identified in the Toll free Calling Areas identified below:

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

EXCHANGE
Adairville

TOLL FREE
CALLING AREAS
Auburn
Lewisburg
Dunmore
Russellville (Bell)

FEB 08 1997

PURSUANT TO 807 KAR 50.11,
SECTION 9 (1)

Auburn

Adairville
Lewisburg
Dunmore

BY: Jordan C. Neal
FOR THE PUBLIC SERVICE COMMISSION

Issued: January 8, 1997

Effective: February 8, 1997

By:

General Manager

LINE 3005 RATE OF RETURN DATA

REDACTED FOR PUBLIC INSPECTION